

Reference:
PSAJXSORM 4400-001

PSA JACKSONVILLE OPEN PURCHASE REQUEST FORM

Person Requesting Open Purchase:	Date:
----------------------------------	-------

Justification:

Item Name:	Source Part Number:
------------	---------------------

Manufacturer Name:	Manufacturer Part Number:
--------------------	---------------------------

Unit of Issue:	Quantity:	Unit Price:	Total:
----------------	-----------	-------------	--------

Size:	Color:	Technical Information:
-------	--------	------------------------

Suggested Source of Supply:	
Name:	Address:
Phone:	POC:

	Signature	Date Approved	Disapproved
OIC/CPOIC			
Safety Officer (if ordering HAZMAT)			
ISD Department Head (If requesting ADP equipment)			
Comptroller (For PSA Staff funding)			

FOR PSA COMPTROLLER USE ONLY

Job Order to Charge:	Processed by:
Requisition Number:	
Date Ordered:	